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ABSTRACT

How the social density of a household affects interpersonal relations, physical health, and psychological well-being in neighborhoods with very low outside density, such as rural areas has not been examined. Two questionnaire studies of women in rural Georgia examined how social density affected respondents' interpersonal relations, physical health, and psychological well-being (Study 1) and social support (Study 2). In the first study respondents were 116 females who lived in a rural west Georgia county. Results from the first study indicated that perceived control over the environment was the strongest single predictor of psychological well-being and interpersonal relations. Generally, high social density had negative effects, although high social density of females appeared to have some positive effects. Based on that finding, it was hypothesized that social density of females was related to more received social support. In addition to testing whether and possible reasons why high social density of females is related to social support, Study 2 included a comparison group of men in order to replicate and extend the results from Study 1. Respondents were 94 males and 105 females who were approached in the only grocery store in the county. Results from Study 2 revealed that received emotional support was positively correlated with social density for female respondents but was not significantly correlated with social density for a comparison group of male respondents. (LLL)

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The More (Women), the Merrier: Social Density and Social Support.

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Abstract

Two questionnaire studies of women in rural Georgia examined how social density affected respondents' interpersonal relations, physical health, and psychological well-being (Study 1) and social support (Study 2). Results from the first study indicated that perceived control over the environment was the strongest single predictor of psychological well-being and interpersonal relations. Generally, high social density (number of people) had negative effects, although high social density of females appeared to have some positive effects (more positive ratings of their house and fewer physical symptoms). Based on that finding, it was hypothesized that social density of females was related to more received social support. Results from Study 2 revealed that received emotional support was positively correlated with social density for female respondents but was not significantly correlated with social density for a comparison group of male respondents.

The More (Women), The Merrier: Social Density and Social Support

Across a variety of environmerts, crowding is related to several negative effects. For example, in long-corridor college dormitories, higher social density (number of people) has been found to be related to unwanted encounters with others, little perceived control over what happens, and withdrawal from areas that might lead to social interaction (Baum & Valins, 1977). In prisons, higher social density has been found to be related to higher infraction rates (Ruback & Carr, 1984) and higher illness rates (Paulus, 1988). In households, higher levels of crowding has been found to be related to dissatisfaction with the home environment, increased mental problems, poor social relations, poor child care, increased infectious diseases and reduced frequency of sexual intercourse (Gove & Hughes, 1983).

One reason high density is related to negative effects may be that it causes individuals to withdraw from social interactions. Such withdrawal, in turn, may cause individuals to lose the benefits of socially supportive relationships. In an examination of male heads of household in India, Evans, Palsane, Lepore and Martin (1989) found support for this hypothesized sequence of events. However, it might be that Evans et al's finding presents just part of the picture, in that they used only male subjects. The reason for concern about their finding is that there is some evidence of sex differences in response to crowding (e.g., Ross, Layton, Erickson & Schopler, 1973; Aiello, Baum, & Gormley, 1981).

Most studies of crowding have examined the effects of living in high social density households that are located in high density neighborhoods. What has not been previously investigated is how the social density of a

household affects interpersonal relations, physical health, and psychological well-being in neighborhoods with very low outside density, such as rural areas.

Study 1

The first study examined whether social and spatial density are associated with negative effects in rural, low density areas and whether there might be some positive aspects to high density. Respondents were 116 randomly sampled females who lived in a rural West Georgia county.

Results

Respondents ranged in age from 18 to 86 (M = 43.7; Mdn = 38.0). Of the 116 women, 82% were white, 76% were married, and 43% were homemakers. Respondents had from 4 to 17 years of education (M = 11.4; Mdn = 12.0). Most of the respondents (78%) owned their residence. Of the residences, 3% had no indoor plumbing, and 26% had wood stoves.

Respondents' houses ranged in size from 3 to 18 rooms (M = 6.1; Mdn = 6.0) and contained from 1 to 8 people (M = 3.4; Mdn = 3.0). The number of males in the house ranged from 0 to 5 (M = 1.6; Mdn = 1.0), and the number of females in the home ranged from 1 to 6 (M = 1.8; Mdn = 2.0). The measure of spatial density, which was created by dividing the number of people in the house by the number of rooms, ranged from .13 to 1.40 people per room (M = .58; Mdn = .57).

Multivariate Analysis. Multiple regression analysis were conducted to determine whether social and spatial density were significant predictors of four composite scores: ratings of children, ratings of the house, psychological distress, and physical symptoms. The test for each of the density measures was whether it accounted for unique variance after other factors had been controlled.

Across the four equations presented in Table 1, spatial density had relatively few effects. More physical symptoms were associated with higher levels of density. Perceived control over the environment was a significant predictor of three of the four dependent measures. Greater perceived control was related to greater liking of their children, greater liking of their house, and less psychological distress. The number of stressful life events reported by the respondent was significantly related only to physical symptoms.

The number of males in the house had no significant effects on any of the dependent measures. However, the number of females in the house was significantly associated with respondents' attitude toward their house and the number of physical symptoms reported. When other factors were held constant, having more females in the house was associated with higher ratings of the house and fewer physical symptoms.

Discussion

Consistent with past research, social density was more important in this study than was spatial density. Although at the bivariate level social density, particularly of males, was related to negative effects, at the multivariate level, more women were associated with positive effects. One likely explanation for this finding is that women provide more social support than do other members of the family. Vaux (1988) has argued that feminine sex-role characteristics (e.g., expressing warmth and compassion) facilitate the providing and receiving of support and therefore enhance the development and maintenance of supportive relations. Thus, a second study tested whether, at least for women, social density and social support are related.

Study 2

In addition to testing whether and possible reasons why high social density of females is related to high levels of social support, Study 2 included a comparison group of men in order to replicate and extend the results from Study 1 and the study by Evans et al. (1989). In particular, we wanted to know if the social support women received would be primarily a function of number of females in the household (as in Study 1) and whether males' social support would be negatively related to the number of individuals in the home (as suggested by the Evans et al. study).

Respondents were 94 males and 105 females, who ranged in age from 16 to 72 (M = 35.0; Mdn = 33.0). All the respondents were householders, 64% were married, and 83% were white. Respondents who were approaching the only grocery store in the county were asked to spend five minutes completing a questionnaire assessing social support.

Results

For female respondents, the number of females in the household was significantly correlated with nondirective emotional support, $r(94) = .24$, $p < .01$. More females in the house were associated with higher levels of emotional support, probably because women respondents judged the females in their household to be significantly less burdensome (M = 2.03) than were the males in their household (M = 2.61), $F(1,83) = 6.83$, $p < .05$. However, emotional support was not significantly correlated with social density for a comparison group of male respondents.

In addition to these separate correlational analyses of the relationship between social density and support, we conducted hierarchical multiple regression analysis, entering first sex (male = 1, female = 0) and number of people in the household, and then entering the interaction of the two. This

regression equation revealed significant effects for number of people in the household, beta = 25, $t(167) = 2.94$, $p < .01$, and for the interaction of sex and number of people, beta = -.41, $t(167) = 2.14$, $p < .05$. In other words, the relation between social density and received nondirective emotional support was different for male respondents than it was for female respondents. This difference between men and women was not due to different amounts of social support outside the home or to their use of different standards for judging the quality of social support.

Discussion

Study 2 tested whether greater social density of females was related to greater received support. Results from this study were consistent with this hypothesis, at least in terms of nondirective emotional support. The second purpose of this study was to determine whether the finding from Evans et al. (1989) that density is negatively related to social support is generalizable to the female sample. Although in Study 2 the correlation for men between density and social support was not significantly negative, as in the study by Evans et. al. (1989), it was not significantly positive and was, in the case of nondirective emotional support, significantly different from the pattern for women. In other words this study suggested that density interfering with socially supportive relationships may be true for men only.

Taken together with the study by Evans et al., the two studies presented here suggest that women receive more social support under high rather than low social density conditions whereas men receive more social support under low rather than high social density conditions. This suggested three-way interaction appears reasonable, and it is consistent with some of the findings from college dormitories (see Aiello, Baum & Gormley, 1981)

Another possible explanation for the positive effect for high female social density relates to the fact that respondents lived in a rural area. Although our research suggested that high inside density has the same effects in rural as in urban areas, there may be cultural factors in rural communities that make high female social density particularly beneficial.

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Table 1

Multiple Regression Analysis of Four Dependent Measures (Only those respondents with More than One Person in the House) - Study 1

	Ratings of Children	Ratings of House	Psychological Distress	Physical Symptoms
Density of Home Raised in	.01	-.10	-.16	.06
Density	.05	.24	-.02	.51**
Age	.04	.14	.01	.07
Education	-.01	.01	-.18	-.07
Control	.43***	.39***	-.33**	-.01
Life Events	-.10	-.05	.12	.31***
Total males	-.16	-.01	.23	-.09
Total females	-.02	.27*	-.19	-.40**
Adjusted R^2	.17	.16	.19	.19
Equation F	2.71**	3.34**	3.98***	3.85***

Note. Within each column, numbers are standardized regression coefficients holding constant all of the other variables.

* The life events scale for this dependent measure excluded three physical illnesses.

*p < .05
**p < .01
***p < .001